# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 3					
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY					
OFFICEHOLDER NAME	Mr. Robert		Date Received					
	NICKNAME LAST Bob Allen	SUFFIX	Jan 18, 2021 5:15 pm					
			5:15pm					
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #;  10601 Blg Horn Trail Frisco, TX 75035	CITY; STATE; ZIP CODE						
ADDRESS  Change of Address	111300, 17,70000		Date Hand-delivered or Date Postmarked					
		····	Receipt # Amount					
5 CAMPAIGN TREASURER	Ms/Ms/Mr First Mr. Robert	MI	Date Processed					
NAME √	Nickname Last Last Bob Allen		Date imaged					
,								
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);  10601 Big Horn Trail  Frisco, TX 75035	ITË #; CITY; STATE;	ZIP CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469) 667-3396	EXTENSION						
8 REPORT TYPE	X January 15 30th day before elec	ction Runoff	15th day after campaign treasurer appointment (officeholder only)					
	July 15 ath day before election	ion Exceeded \$500 limit	Final report (Attach C/OH - FR)					
9 PERIOD COVERED	Month Day Year THRC	Month Day	Year					
COVERED	07/02/2010	11						
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year	PE						
:	Primar	y Runoff	General Special					
11 OFFICE	office Held (if any) Frisco City Council - Place 1 District 1	12 OFFICE SOUGHT (if known)	)					
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.							
EXPENDITURE BY OTHER INDIVIDUALS	Name .							
	Address/PO Box; Apt. / Suite #; City; State; Zip Code							
add%onal pages								
GO TO PAGE 2								

## **CANDIDATE / OFFICEHOLDER REPORT:** SUPPORT & TOTALS

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Allen	, Robert (Mr.)		15 ACCOUNT # 00000001	(Ethics Commission filers)		
16 NOTICE FROM	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures					
POLITICAL COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		**************************************		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			0.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			0.00		
·	4. TOTAL POLITICAL EXPENDITURES		\$	107.41		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	1,395.15		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	<b>\$</b>	0.00		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Robert G Allen  Signature of Candidate or Officeholder						
Sworn to and subscrib	ed before me, by the	ne said Robert G. Niley  tify which, witness my hand and seal of office.	, this the _	18th day		
\$Ignature of officer admir	nistering oath	Print name of officer administering oath	Title of officer adm	in stering oath		

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

		The Instruction Guide explains ho	w to complete this form.				
1 PAGE# 2		2 FILER NAME		3 ACCOUNT # (TEC filers)			
Schedule: 1/1 Re	Report: 3/3 Allen, Robert (Mr.) 00000			00000001			
4 Date	5 Payee name						
08/05/2010	Frisco Area	Republican Women					
6 Amount (\$)	7 Payee addres	• • • • • • • • • • • • • • • • • • • •					
\$70.00	5050 Countr	y Club Drive					
	Frisco, TX 7	70034					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T						
OF	Event Expen	ise	Luncheon to Honor Sam	ionnson and Raiph Hali			
EXPENDITURE							
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:			
direct expenditure	Januara, J	moonoidor namo	Simos oodgiini	Cilido fidia:			
to benefit C/OH							
Date	Payee name						
11/17/2010	Godaddy.cor						
Amount (\$)	Payee addres						
\$12.17	Internet Base	9d					
,	Scottsdale,	AZ 65000					
	Onto 10-	Out and the British and the Artists and the Artists	D2-11 ##	(T			
PURPOSE	Category (See Categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Fees  Internet Domain Address						
OF	1-665		Internet Domain Address				
EXPENDITURE							
Complete ONLY If	Candidate / Of	fficeholder name	Office sought:	Office held:			
direct expenditure to benefit C/OH							
			P				
Date	Payee name						
11/24/2010	Manny's Grill						
Amount (\$)	Payee address	• • • • •					
\$25.24	7210 Main S Frisco, TX 7						
	7 11000, 17.7	0001					
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)			
PURPOSE	Food/Bevera		Campaign Strategy Meeting				
OF EXPENDITURE		<b>3</b>	,,g.,g,	· ·			
EXI ENDITORE							
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:			
to benefit C/OH							
				İ			
				Ì			
				ŀ			